

Charging Party: Sandra R. Jackson

Respondent: Halifax Medical Center

FCHR Number: 97-0063

EEOC Number: 15D 97 1336

00-1781

FILED
00 APR 27 PM 3:18
DIVISION OF
ADMINISTRATIVE
HEARINGS

CHARGING PARTY - Please complete information below, checking only one:

I am aware that the U.S. Equal Employment Opportunity Commission (EEOC) and the Florida Commission on Human Relations (FCHR) protect my right to file a complaint of employment discrimination. I have been advised that it is unlawful for any person covered by the Age Discrimination in Employment Act (ADEA) and/or Title VII of the Civil Rights Act of 1964, as amended, and/or the Americans with Disabilities Act (ADA), to threaten, intimidate or harass me because I have filed a complaint. Also I have been advised that it is unlawful for any person covered by the Florida Civil Rights Act of 1992 to threaten, intimidate or harass me because I have filed a complaint.

 1. More than 180 days have elapsed since I filed my charge of discrimination. I wish to withdraw my charge with the Florida Commission on Human Relations and with the U. S. Equal Employment Opportunity Commission so that I can obtain a right to sue in federal court and/or to file a civil action in a state court of competent jurisdiction.

 2. I wish to withdraw my charge of discrimination as filed with the Florida Commission on Human Relations and the U. S. Equal Employment Opportunity Commission because I no longer wish to pursue this matter.

3. More than 180 days have elapsed since I filed my charge of discrimination. I wish to withdraw my charge and file a Petition for Relief to proceed with an administrative hearing as provided for under Florida Statutes Section 760.11(4)(b) and (8).

 4. I want the Commission to complete the processing and investigation of my complaint.

Dated: 1-13-99

Signed: Sandra F. Jackson

00-1781

CHARGE OF DISCRIMINATION FILED

FCHR No. ~~96J269~~ 97-0063

Name (Indicate Mr., Ms., or Mrs.)
 Ms. Sandra R. Jackson
 00 APR 27 PM 3:18
 Social Security Number
 265-51-0696
 Date of Birth

Street Address
 828 White Court
 DIVISION OF ADMINISTRATIVE HEARINGS
 Home Telephone Number (area code)
 (904) 239-0551

City, State, and Zip Code
 Daytona Beach, FL 32117
 Work (if possible to call you there)

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name
 Halifax Medical Center
 No. of Employees
 15+
 Telephone No. (area code)
 (904) 254-4000

Street Address
 804 N. Clyde Morris Blvd.
 City, State, and Zip Code
 Daytona Beach, FL 32120
 County
 Volusia

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))
 RACE COLOR SEX RELIGION DISABILITY
 NATIONAL ORIGIN AGE MARITAL STATUS RETALIATION
 DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE
 (month, day, year) 04/08/96

I. PERSONAL HARM: I started working for Halifax Medical Center on 1/13/89 as a Pharmacy Tech. I worked in that department for almost a year. I was hired as a Social Worker I in the Hospice department on 4/16/90. I was harassed by being given unfair performance evaluations and disciplinary actions. I was terminated on 4/8/96.

II. RESPONDENT'S REASON FOR PERSONAL HARM: Respondent stated that the reason for my termination was purely for job performance reasons. The quality and quantity of my work remained significantly less than the other resource specialists in the department.

III. DISCRIMINATION STATEMENT: I believe I have been discriminated against because of my race (Black) because:

1. When I was hired at Hospice one of the black Board Members told the members of the organization that they needed to hire more blacks when he attended the Minority Task Force meetings. It was obvious that I was hired as the token black social worker.
2. The RN supervisor would constantly ask me questions such as, "Could black people get lice in their hair because of the texture and because they use grease." Most of the families I was assigned to were black because they would say I knew how to "talk to blacks on their level".
3. Blacks were given the dirty assignments that no one else wanted. Each year I was there the racism increased. My evaluations began to get lower. My supervisor fabricated a complaint from a black patient and would not let me tell my side of the story. This gave her the perfect opportunity to reprimand me in writing.

Discrimination is a violation of the Florida Civil Rights Act as stated in Chapter 760, Florida Statutes.

I REQUEST TO BE AFFORDED FULL RELIEF TO WHICH I AM ENTITLED TO UNDER THE LAW(S).

I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SIGNATURE OF COMPLAINANT
 DATE
 Sandra F. Jackson 2-26-98

NOTARY PUBLIC (Required for Filing)
 SUBSCRIBED AND SWORN TO BEFORE ME
 D. FORBES GIBSON
 Notary Public, State of Florida
 My Commission Expires Aug 26, 2001
 Commission = CC674857

26 OF February, 19 98
 Vary By Debra Reese

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